

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Jude Boag</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>13-1509</i> <i>Yummy Kw LLC</i> <i>Mr. Albert Kelly "KA"</i> <i>926 Truman Avenue</i> <i>Key West, Florida 33040</i>		B. Received by (Printed Name) <i>Jude Boag</i>	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>RECEIVED</i> <i>JAN 10 2014</i> BY: <i>tdj</i>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7007 3020 0000 5341 7968	

PS Form 3811, July 2013

Domestic Return Receipt

U.S. Postal Service™											
CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
7007 3020 0000 5341 7968 <i>NOH LA</i>	<table border="1"> <tr> <td>Postage</td> <td>\$ <i>46</i></td> </tr> <tr> <td>Certified Fee</td> <td><i>310</i></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td><i>255</i></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$ <i>611</i></td> </tr> </table>	Postage	\$ <i>46</i>	Certified Fee	<i>310</i>	Return Receipt Fee (Endorsement Required)	<i>255</i>	Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$ <i>611</i>
Postage	\$ <i>46</i>										
Certified Fee	<i>310</i>										
Return Receipt Fee (Endorsement Required)	<i>255</i>										
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$ <i>611</i>										
RECEIVED Postmark Here <i>JAN 07 2014</i>											
Sent To <i>Yummy Kw LLC / Mr. Albert Kelly "KA"</i> Street, Apt. No., or PO Box No. <i>926 Truman Avenue</i> City, State, ZIP+4 <i>Key West, Florida 33040</i>											
PS Form 3800, August 2009 See Reverse for Instructions											